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## IN THIS ISSUE:

# Down's Syndrome... Deaths Linked to Feldene



**Dr. Robert Mendelsohn**

Let me proudly call your attention to a new book, "Dissent in Medicine: Nine Doctors Speak Out" available for \$10.95, from The People's Doctor, P.O. Box 982, Evanston, IL 60204. This is the first publication of The New Medical Foundation of which I am president.

Eight of the most prestigious doctors in America (George Crile, M.D., Samuel Epstein, M.D., Henry Heimlich, M.D., David Spodick, M.D., Edward Pinckney, M.D., Gregory White, M.D. Richard Moskowitz, M.D. Alan Levin, M.D.) recently joined with me in a conference held in front of members of the press, the medical profession and the public. This book, representing the proceedings of that conference, explains how much quackery exists within today's medicine.

Dr. George Crile, founder of the Cleveland Clinic, presents his work which forced surgeons to finally stop routinely doing radical mastectomies for breast cancer. Dr. David Spodick, professor of medicine at the University of Massachusetts, shows the unproven nature of most cardiac remedies, open heart surgery included. Says Dr. Spodick, "Surgery is the sacred cow of our healthcare system, and surgeons are the sacred cowboys who milk it."

Dr. Henry Heimlich, inventor of the life-saving maneuver which bears his name, describes the decades-long error of the American Red Cross in wrongly teaching the dangerous back-slap technique. Dr. Samuel Epstein, professor of environmental medicine at the University of Illinois Medical Center, exposes the failure of government agencies to protect the American population from environmental pollution.

Dr. Edward Pinckney, author of "A Patient's Guide to Medical Testing" (who in addition to his M.D. degree carries a master's degree in Public Health as well as a law degree and who was formerly an Associate Editor of the Journal of the American Medical Association), reveals the shocking lack of accuracy as well as the risk to life and limb of a great many medical tests--the fastest growing field in medicine today. Dr. Richard Moskowitz, a Phi Beta Kappa from Harvard University who received his M.D. degree from New York University, presents a frightening case for the dangers decades later of routine childhood immunizations. Dr. Alan Levin, associate professor of immunology and dermatology at the University of California, San Francisco, School of Medicine, presents information about the lack of scientific basis for conventional allergy treatment, and Dr. Gregory White, president of the American College of Home Obstetrics, details the dangers of hospital births.

The three moderators, all non-M.D.'s, included John McKnight, director of the Center for Urban Affairs at Northwestern University; Hilmon Sorey, Professor and Director of the Program in Hospital and Health Services Management of the Kellogg Graduate School of Management at Northwestern University, and Lori Andrews, project director, American Bar Foundation, and author of "Deregulating Doctoring," a book which argues in favor of delicensure of physicians.

A sparkling--and unusual--feature of "Dissent in Medicine" is the verbatim interchange between members of the audience--both medical professionals and otherwise--with the speakers at the conclusion of each presentation.

I learned a great deal from these speakers and from this forum. I think you will too.

Q

My sister has just found out that her newborn daughter has Down's Syndrome. Since I know very little about this condition, I wonder if you could refer me to books that deal with how to raise a Down's Syndrome baby in a supportive, positive way. I believe every baby should be given every possible advantage, babies like my sister's being no exception. I want to find books that will help our whole family develop this baby to her fullest potential.

Would you also know of organizations that help parents deal with this condition?--A.W.

A

It would be easy for me to answer your question by recommending that you ask your own doctor, or your local chapter of the National Association for Retarded Citizens, or your United Fund. But I presume you are writing me so that I can direct you toward important approaches that may be somewhat off the beaten path. Therefore, I recommend you contact the internationally renowned authority, Henry Turkel, M.D., of Southfield, Michigan, who for decades has scientifically documented nutritional methods which can not only improve the intelligence and performance of Down's Syndrome children, but which can even alter, for the better, their physical appearance and cell chromosomal structure!

Contact Ruth Harrell, M.D., of Old Dominion University, Norfolk, Virginia, or Donald Davis, M.D., of the University of Texas Medical School at Austin. Dr. Harrell, Dr. Davis, and their associates have stunned the medical world with their controlled experiments which demonstrate remarkable improvement in intellectual function of retarded children (including those with Down's Syndrome) who were treated with nutritional supplements. They showed that nutritional supplements, including megavitamins, can substantially raise the I.Q.'s of children with Down's Syndrome (mongolism) and other forms of mental retardation. In this double-blind controlled study, published in Proceedings of the National Academy of Sciences, January 1981, the children who received supplements increased their average I.Q. by 5.0 to 9.6 points, whereas the I.Q.'s of children given placebos (inert substances) showed no change. Continuation of the experiment resulted in three of four children with mongolism gaining between 10 and 25 points in I.Q. The investigators call for further research through more extensive experimentation.

Read also the evidence that mongolism is caused by exposure to medical and dental radiation. This information has been collected by Canadian medical researcher Irene A. Uchida in Population Genetics (Academic Press). Many parents reject the word "mongolism" in favor of Down's Syndrome. To my way of thinking, the newer term might better be "Up's Syndrome" because, in contrast to the present dominant medical approach of amniocentesis and abortion, the pathways I have just recommended offer plenty of upbeat optimism, both in terms of prevention and treatment.

Q

My daughter is 37 years old and is two months pregnant with her first child. She is making arrangements to have a home birth with a midwife present. There will be a back-up doctor in a nearby hospital.

She is facing a stressful situation because whoever she talks to suggests a "Down's Syndrome" test. She does not want to traumatize the baby or herself and is very confused.

It is getting close to decision time. Is it a safe test? Should she take it? She feels good, is relatively healthy and is looking forward to a normal and healthy birth.--Mrs. S.H.

A

Your daughter should ask her doctor for the exact name of that test for Down's Syndrome (mongolism). Then, whether he answered her with the word "amniocentesis" (the old test) or "chorion biopsy" (the new test), she could go to her public library and read up on the benefits and risks of these procedures.

The risks of the new test (including chorionitis--inflammation of the membrane surrounding the fetus) appear to be little different than the risks of the old test (which include infection, bleeding, miscarriage, mixing of maternal and baby's incompatible blood types, premature rupture

of membranes and postpartum hemorrhage). Both tests carry what doctors call a "small," but definite error rate. And both allow for "gender selection" abortions.

If your daughter wants the most up-to-date information on the risks of amniocentesis, she might communicate with Dr. Hymie Gordon, head of the Department of Genetics, Mayo Clinic. If she wants the most up-to-date information on the risks of chorion biopsy, she might communicate with Dr. Eugene Pergament, geneticist at Chicago's Michael Reese Hospital.

There is no such thing as a "safe" test in medicine. Therefore, your daughter and you must gather accurate information on the degree and nature of each risk. The doctor cannot make the decision whether to have either of these tests. He can only recommend. The ultimate decision to accept or reject this latest form of obstetrical intervention is up to you.

-----

As reported in the journal Heartbeat (Vol. 2, No. 1), an investigation was conducted on 1,086 pregnant women in Copenhagen. The women all had amniocentesis tests, 739 of them having been considered to be of high risk of giving birth to a child with chromosomal abnormalities, either because the mother was over 35 or because one parent had such an abnormality.

The study revealed the actual incidence of abnormalities to be 1.2 per cent in the "high risk" group as compared with 1.4 per cent in the normal group. Geneticist Jerome Lejeune states this suggests that the often-repeated statement that older women have a greater chance of bearing a child with Down's Syndrome may not be correct.

-----

**Q** I have heard you say that the incidence of mongoloidism for birth in older women is related to the amount of previous radiation. Could you be more specific--just what is the dangerous level?

As a healthy, food-conscious, six-mile a day runner, and 36-year-old woman who plans to have her first child, I am concerned about this matter. As a result of an illegal abortion many years ago, I received quite a few diagnostic X-rays to my pelvic region.--J.G.

**A**  
*X-rays and  
Down's  
Syndrome*

Because doctors are too busy trying to reassure patients that X-ray is safe, precious little work has been done by medical researchers in determining dangerous levels of X-rays. But the Veterans Administration is not as sure as it used to be about the safety of radiation, as evidenced by their acknowledgment that one army corporal's cancer was caused by his involvement in six nuclear tests during the 1950's.

Your first step is to contact the doctors who X-rayed you all those years ago to determine how many exposures you had, what brand of machine was used, whether the machine had been periodically inspected, and what kind of dose its beam emitted. You also may wish to consult Dr. John Gofman's book, "Radiation and Human Health."

Armed with this information, you might communicate directly with Johns Hopkins Hospital, where the original studies were done which linked an excess incidence of mongolism to a history of maternal exposure to medical and dental X-rays (throughout a woman's life), to see whether they can give you more quantitative information.

In addition to such a retrospective analysis, you should consult with some of those in the healing arts outside of orthodox medicine (e.g., macrobiotics) for their evidence that the damaging effects of previous radiation can be overcome through significant changes in diet and lifestyle.

**Q** Five years ago, my 17-year-old cousin was working at Boston Children's Hospital in the leukemia ward. She contracted leukemia and died one month later. The memory of that, coupled with your warnings about medical X-rays as a cause of cancer, makes me very concerned for my godchild, the sister of

the young woman who died of leukemia. This 18-year-old girl has just graduated from high school and has decided to become an X-ray technician, starting school last September. Might this be harmful to her health?--B.L.

**A** Ask your godchild how much of an investigation she carried out before deciding to spend a large part of her life in an area well-known for its occupational hazards. The time has long passed (if indeed there ever was such a time) when an X-ray department could be considered safe until proven dangerous. Therefore, your godchild should ask the director of her school for evidence proving that X-ray departments are safe for the people who work in them. She should ask for published long-range studies on women who were employed as X-ray technicians so that she can determine how many developed leukemia, lymphoma, and other forms of cancer in later life. How many suffered repeated miscarriages or delivered premature babies? How many have given birth to babies with Down's Syndrome or other congenital malformations? How many are infertile?

Until these questions are answered satisfactorily, I hope every woman who is contemplating this career has a godmother who cares the way you do.

**Q** I need help with my daughter's education, and I'm not getting it from the "professionals" in my community. Even though her problem is not really a medical one, I am writing to you because I heard you were on a national board for handicapped children.

When she was about two years old, my daughter, Ebony, was diagnosed by an Air Force doctor as being microcephalic and having Down's Syndrome. She was placed in a school for the handicapped. Neither the people at the school nor I agreed with the diagnosis, so I took her to Children's Hospital in Denver. There, the diagnosis was mild ataxic cerebral palsy. The Denver doctor's parting words to me were, "She will never go to a normal school or college, and she will never be an athlete."

After several years in the school where she was placed originally, Ebony was "promoted" to a special education class in the public school system. Her major problem is speech, and they refuse to increase the amount of speech therapy she gets. She learns by mimicking, and she mimics those around her. I have asked that she be mainstreamed into such classes as art and physical education, and I have again been refused. Even though the speech therapist feels Ebony has much potential, and even though she has recommended a great deal more speech therapy, the school system's independent evaluators refuse to back up those recommendations. However, they have agreed to another evaluation at their expense.

I would like any subsequent evaluation to be done by someone outside of the state and outside of the typical professional attitudes. Ebony has had both verbal and non-verbal I.Q. tests, scoring considerably higher on the non-verbal test. However, the school has downplayed and buried those test results. They have accused me of inadequate parenting because I do not believe in "absolute control" over my children. Yet everyone who knows Ebony thinks she is not placed in an appropriate setting and that the school is actually harming her.

Can you do the evaluation or can you recommend someone who can? Ebony's father served in Viet Nam, so Agent Orange may be responsible for her condition. A naturopath I consulted said allergies may be part of the problem.--J.D.

**A**  
*Educating  
children with  
Down's Syndrome*

Even though I possess no formal credentials in education, you were right in writing to me. Just as health is far too important to be left exclusively to doctors, education is too important to be left exclusively to educators. Furthermore, as a result of my experience (15 years as senior pediatric consultant to the State of Illinois Department of Mental Health; 10 years as pediatric consultant to the Virginia Frank Child Development Center in Chicago--a preschool environment for children with emotional/neurological



problems; 15 years in top positions, locally and nationally in Project Head Start, and co-author of the American Medical Association's handbook on mental retardation), I have had many opportunities to listen to parents who are battling school authorities, the way you are doing.

Since parents often are better judges of their children's educational potential than are professional educators, let me recommend some resources that may authoritatively support your opinions about your daughter:

1) Dr. Glenn Doman's Institute for the Achievement of Human Potential in Philadelphia is now two decades old. The same kind of doctors and educators who give parents such as you no hope, accuse Dr. Doman of giving parents false hope. But the education and training method of this child development specialist seems to be out-surviving his critics.

2) Your local or state chapter of the National Association for Retarded Citizens (or children), is part of an organization which, for many years, often has taken the side of families in their opposition to professional elitism.

3) Dr. John Holt and others active in the burgeoning home-school movement have impressively documented the shortcomings of conventional educators in both the diagnosis and management of special children.

4) Some of the lawyers handling the Agent Orange cases should be contacted by you to determine whether Ebony might be eligible for the considerable amount of money required to achieve the kind of education you legitimately are seeking.



Deaths  
Linked to  
Feldene

Feldene users, beware! While listening on my car radio to WFMT, a Chicago cultural radio station which presents financial reports for its upscale listeners, I was startled to hear that Pfizer Laboratories' stock had undergone a deep decline due to the bad news that 77 deaths have been linked to the company's best-selling anti-arthritis drug, Feldene.

Pfizer stockholders (of whom I am not one) have a right to be concerned over Feldene, which reportedly accounts for 20 per cent of that manufacturer's annual operating profits.

In my role as an "early warning system" medical columnist, I was interested in Feldene's fate. A few years ago, when Eli Lilly had to remove its deadly anti-arthritis Orflex from the market, I had watched doctors play bait-and-switch with their patients and place lots of Orflex survivors on Feldene. At that time, I predicted that the bad news about Feldene couldn't be far behind. Next, the anti-arthritis drug Tanderil was removed from the market. Special warnings were added to Butazolidin, and I faithfully reported them in this Newsletter.

After I heard the radio report about Feldene, I searched the newspapers in vain for public warnings about this dangerous drug which is consumed by millions of Americans. Even that day's Wall Street Journal carried no mention of it.

By the time this Newsletter reaches you, I hope that plenty of publicity will have been given to this latest disaster in the field of anti-arthritis medications. I hope your newspaper will have recommended that, if any of your relatives or friends who had been suffering from arthritis have died in the past several years, you should immediately check to see whether their doctor had prescribed Feldene for them.

In view of the history of Orflex, Tanderil, Butazolidin, and now Feldene, can other anti-arthritics (Motrin, Advil, Nuprin, Naprosyn, Indocin, Tolactin, Clinoril, etc.) be far behind? I will continue to restate my not so tongue-in-cheek opinion that the rheumatologists apparently have decided to solve the problem of arthritis by eliminating the arthritics. In return, I hope you will pay close attention to the financial markets so that you can learn as much about medicine as your stockbroker knows.

(Some of the following material was inadvertently left out of my Newsletter Vol. 9, No. 12, so the information on the Lithotripter is printed here in its entirety.)

Few of you have escaped reading about, hearing about, or viewing pictures of a recent breakthrough in medicine--the Lithotripter, that German device to which doctors have assigned a Greek name which in plain English translates into "stone crusher."

Although widely heralded as a safe and effective alternative to surgery for kidney stones, the downside of the Lithotripter has been carefully hidden from public view. But even though your local newspaper, radio and television are unlikely to tell you the whole story, your doctor knows--or should know--the complications and risks of this newest advance in technologic medicine.

On April 19, 1985, the FDA Drug Bulletin, which is mailed to physicians, osteopaths, dentists, pharmacists, physician assistants, nurses, podiatrists, hospital administrators and other health professionals, reported that before the candidate to be treated with the kidney stone crusher is immersed in the water-filled bathtub which contains a shock-wave generator, he must be anesthetized by spinal, epidural, or general anesthesia. (Thus, the risk of death from anesthesia exists regardless of whether the stones are destroyed by ultrasound or removed by surgery.)

Complications of Lithotripter treatment include blood clots in the kidney area and obstruction of the lower urinary tract by stones fragmented as a result of ultrasound treatment to the upper urinary tract. The FDA report continues, "A particular concern is the possibility of tissue damage to the lungs. For this reason, when the kidney stone is near the lung, the lung must be shielded with styrofoam."

This nugget of information should stimulate several questions which every Lithotripter candidate will want to ask his doctor:

- 1) How close are my kidney stones to my lungs?
- 2) Where should the styrofoam be placed?
- 3) How does styrofoam stop ultrasound waves?
- 4) What is the exact nature of lung tissue damage from ultrasound?

Finally, Lithotripter treatment is contraindicated in quite a few patients, including those with gallstones, stones in the lower part of the ureter (the tube leading from the kidneys to the bladder), and bladder stones.

This medical breakthrough also is contraindicated in patients "who cannot be given anesthesia or exposed to radiation; in patients who have anatomical abnormalities such as curvature of the spine (scoliosis) or excess body fat (how much?) and thus cannot be properly positioned; in patients with cardiac pacemakers, and in patients who have distal (lower) urinary obstruction or renal (kidney) artery calcification of the treated side."

If you know anyone who has kidney stones, suggest that he write the FDA Drug Bulletin (5600 Fishers Lane, Rockville, MD 20857) for a copy of Volume 15, Number 1 which contains this entire article on the Lithotripter. Patients can share this important information with their doctors, and they can ask their doctors the many questions this article must raise in the mind of every patient.

Another authoritative voice has warned about the dangers of the Lithotripter. John K. Lattimer, Professor and Chairman Emeritus, Department of Urology, Columbia University College of Physicians and Surgeons, writes (Executive Health Report, March 1985): "It is conceivable, though not at all certain, that the hundreds of stone-shattering blows may cause damage that becomes obvious only some years later."

If your doctor recommends Lithotripter treatment, I hope he shares with you the statement of this world-renowned urologist.

# NOW, YOU CAN ORDER DR. MENDELSON'S BOOKS DIRECT FROM "THE PEOPLE'S DOCTOR"

## 1) Dissent in Medicine: Nine Doctors Speak Out

Nine prestigious doctors explain how much quackery exists within modern medicine. Originally presented at a public conference, these writings by George Crile, M.D., Samuel Epstein, M.D., Henry Heimlich, M.D., David Spodick, M.D., Edward Pinckney, M.D., Gregory White, M.D., Richard Moskowitz, M.D., and Alan Levin, M.D. comprise the first publication of The New Medical Foundation, of which Dr. Mendelsohn is president.

## 2) How to Raise a Healthy Child . . . In Spite of Your Doctor

Maintaining that 90 percent of pediatric office visits are unnecessary and often even dangerous, Dr. Mendelsohn carefully instructs parents on how to diagnose and treat their children without medical intervention, how to determine when a child is sick enough to need a doctor, and how to avoid unnecessary and potentially hazardous treatment when a doctor is consulted.

## 3) MalePractice: How Doctors Manipulate Women

In this book Dr. Mendelsohn examines the condescending attitude of doctors toward their female patients. Over-prescription of drugs, unnecessary surgical intervention, and the ordering of dangerous x-rays are only a few of the many common practices Dr. Mendelsohn questions. A chapter on "Fifty Drugs Every Woman Should Think Twice About Before Taking" is included.

## 4) Confessions of a Medical Heretic

Dr. Mendelsohn believes that your own doctor is usually the greatest danger to your health. He believes that the methods of modern medicine are rarely effective and in many instances are more dangerous than the diseases they are designed to diagnose and treat. In this book, he discusses the over-prescription of drugs, home vs. hospital birth, unnecessary surgery, the dangers of hospital care, so-called preventive medicine, and modern medical ethics in general.

Please send me:

- \_\_\_\_\_ copies of **Dissent in Medicine** at \$10.95 each
  - \_\_\_\_\_ copies of **How to Raise a Healthy Child** at \$14.95 each
  - \_\_\_\_\_ copies of **MalePractice** at \$9.95 each
  - \_\_\_\_\_ copies of **Confessions of A Medical Heretic** at \$10.95 each
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# Another View

by Marian Tompson



When Betty and I each were expecting our seventh babies, our greatest concern was about the date of their arrival. Both babies were due around the time of our doctor's annual hunting trip. If we went into labor while Dr. W. was gone, we would have to go into the hospital to give birth instead of at home, as we both had planned. Well, I lucked out and Phillip was born at home. But Betty had to go to the hospital, and there another disappointment awaited her. Her newborn, Joanne, had Down's Syndrome.

That was 22 years ago and the usual advice given to parents at that time (and into the mid-70's) was to put such babies in a nursing home. But the doctor advised Betty to take Joanne home and love her, assuring the mother that the love, security and personal attention the family would provide would help her develop to her fullest potential. Betty did something else that was unusual in those days: She breastfed Joanne. At the beginning, it wasn't easy, and it was a full week before Joanne learned to suck well. But Betty, who had breastfed her other children, knew that breast milk (with its antiinfective properties) was especially important to Joanne because of her greater susceptibility to infections. We now know that breast milk is also rich in taurine and lactose for growth in early infancy, especially for brain development, and the very act of breastfeeding provides good tongue thrust and jaw development.

As Joanne got older, Betty and her husband, Jack, enlisted the help of neighbors and friends for the patterning program devised by Doman and Delacato for brain damaged children. Although not intended for Down's Syndrome children, Betty feels the program enhanced Joanne's reading skills. "I've never met a Down's kid who can read as well as Joanne," she pointed out.

Joanne was always a sociable and affectionate child. In fact, her friendliness could be a problem. "She was very good at getting out and taking off down the street to visit the neighbors on what I called her 'cookie route'," Betty laughs. "I was tempted to pin a note on her with our phone number that said 'Don't feed, call first!'" She had to be watched constantly, but the advantages of their large family (oh yes, Betty and Jack had three more children after Joanne) is that someone is almost always available to play a game or to be a companion to her.

When Joanne was small, Betty and Jack took her everywhere with them. She was an easy child to manage, slow to cry and quick to be soothed. When she got older, she could go to camp while the family was away on vacation. During high school, she boarded at a school just 20 minutes from home, and she came home on weekends. Last year, when she was 21, Joanne graduated. Her brothers and sisters came from all over the country to join in the celebration. Joanne's next challenge is training for a job in the outside world.

Today, there are many programs and resources available for families with a Down's child. "Thank God for Rosemary Kennedy," says Betty. "She made retardation respectable." Joanne competed regularly in the Special Olympics where she won a number of medals. (La Leche League International, 9616 Minneapolis Ave., Franklin Park, IL 60131, has several pertinent publications which draw on the experiences of other parents and list sources of help. "Breastfeeding the Baby with Down's Syndrome" is available for \$1.00, and "A Special Kind of Parenting" by Good and Reis, \$8.95, is the best book I've ever read about meeting the needs of handicapped children. Add \$1.50 to your order to cover postage and handling.)

"Raising a Down's Syndrome child is like babyhood in slow motion," Betty explained. "Enjoy the little victories and don't brood over might-have-beens. Sometimes I feel the purpose of Joanne's life has been to encourage OUR growth in understanding and love."

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